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FM AMEMBASSY KINSHASA  
TO RUEHC/SECSTATE WASHDC IMMEDIATE 6908  
INFO RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE PRIORITY  
RUEHXR/RWANDA COLLECTIVE PRIORITY  
RUCNSAD/SOUTHERN AF DEVELOPMENT COMMUNITY PRIORITY  
RUEAUSA/DEPT OF HHS WASHDC PRIORITY  
RHMFISS/HQ USEUCOM VAIHINGEN GE

UNCLAS SECTION 01 OF 02 KINSHASA 001121

SIPDIS

SIPDIS, SENSITIVE

HHS PASS TO CDC

E.O. 12958: N/A

TAGS: [EAID](#) [ECON](#) [SENV](#) [TBIO](#) [PGOV](#) [CG](#)

SUBJECT: DRC EBOLA EPIDEMIC UPDATE

REF: A. KINSHASA 1075

[1](#)B. KINSHASA 1085

[1](#)C. KINSHASA 1094

[1](#)1. (SBU) Summary. The Ebola fever epidemic in south-central DRC has now claimed 172 lives. Nearly 400 suspected cases remain clustered around the towns of Mweka and Luebo in the West Kasai province. Unconfirmed cases have been reported as far as 300 kms from the epicenter, some little more than 50 kms from the Angolan border. CDC epidemiologists visited the epidemic epicenter and environs and reported finding a difficult environment and challenging circumstances in which to respond to the outbreak. A GDRC-chaired coordinating committee, including MOH, CDC, USAID, and WHO representatives, is meeting daily. The GDRC has presented its action plan and budget figures to donors and partners, and CDC and Post are responding, including the arrival of a 10-member CDC team from Atlanta.  
End summary.

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Latest Numbers and Possible Geographic Spread  
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[1](#)2. (SBU) As of September 18, the number of suspected cases of Ebola fever has risen to 380 and the number of confirmed deaths due to Ebola is now at 172. This 45 percent lethality rate is considered to be low, but may be due to an overestimation of the actual caseload. Suspected and confirmed cases remain centered around the original epicenter of the village of Kampungu, but rumored cases are being investigated as far away as Kananga (125 kms southeast), the regional with over half a million inhabitants, Tshikapa (125 kms south), an artisanal diamond mining center less than 75 kms from the Angolan border, and Mueni Ditu (300 kms southeast), along the main train line to second city Lubumbashi in Katanga province.

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CDC Field Visit to Epicenter  
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[1](#)3. (SBU) Center for Disease Control (CDC) epidemiologists Luca Flamigni and Peter Kilmarx visited Kampungu and environs September 13, 14 and briefed the Charge, Econcouns, and USAID/Health on September 17. Flamigni (CDC/DRC) and Kilmarx (CDC/Atlanta, former Peace Corps volunteer in this area 1983-86, and veteran of the Kikwit Ebola epidemic of 1995) described the difficult circumstances that CDC, World Health Organization (WHO), Medecins sans Frontieres (MSF) and Congolese Ministry of Health (MOH) personnel are operating in. Suspected Ebola cases are currently found mainly between the West Kasai towns of Mweka (eight hours northwest of Kananga by car) and Luebo (two hours south of Mweka by car). Landing strips in Mweka and Luebo, both rarely used, are overgrown by vegetation, frequented by grazing animals, and suitable only for planes able to

navigate rough ground and land/take off in short distances. Cargo will be limited to approximately one ton per plane.

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Difficult Operating Environment  
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¶4. (SBU) Kilmarx and Flamigni described villages with non-functional health clinics (one of which, in the epicenter village of Kampungu, is now the MSF headquarters) and towns with barely functional hospitals. (Note: Luebo, divided in half by the Lulua river, and 30 minutes by car from the epicenter, has both an MOH and a Mission hospital. End note.) Suspected cases are currently either in mudblock "isolation wards" in villages such as Kampungu, or else in bare-bone cement block wards in the Mweka and Luebo hospitals, with little or no care/treatment and few precautions taken regarding visitors. While MSF personnel were using appropriate personal protective equipment (PPE) in Kampungu, these same measures were not yet being used in the hospitals. Laboratory analysis, public health messages, epidemic surveillance/tracking, sanitary conditions, and coordination were judged as either poor or severely constrained by the lack of logistics and infrastructure.

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Coordinating Committee Meeting in Kinshasa  
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¶5. (SBU) Kilmarx and CDC/ DRC chief of party Karen Hawkins-Reed met with the Minister of Health on September 17 and then Kilmarx presented his technical findings and recommendations to the assembled MOH-chaired Ebola Coordinating Committee. All parties (GDRC, CDC, WHO) agreed to make Luebo, the nearest large town to the epicenter of the epidemic, the location for the CDC laboratory and epidemic response headquarters. WHO-sponsored Canadian laboratory support will also be there. The Luebo Zone physician was designated

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as the Ebola mission chief at the site. Isolation units will be established according to need in the villages and towns affected.

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MOH Requests CDC, Donor Assistance  
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¶6. (SBU) The MOH gave CDC a letter of invitation over the weekend. The letter requests CDC assistance in areas of coordination, lab services, epidemic containment/control, social mobilization, and logistical support. The MOH Chief of Staff agreed to provide mission orders for CDC field staff to facilitate their interactions with local GDRD authorities. During the Coordinating Committee meeting, MOH presented its proposed action plan and budget to donors. Health Minister Makwenge Kaput recommended MOH and WHO coordination on all funding issues.

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CDC and Embassy Response  
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¶7. (SBU) The CDC team of ten (five laboratory technicians, three epidemiologists, an epidemic investigator and an epidemic communications expert) will be arriving September 18 and 19 with 56 pieces containing equipment and supplies. An additional two air freight shipments from Atlanta will arrive September 18 and 22. Embassy is in process of procuring needed logistical and administrative support services and materials. USAID/OFDA is preparing the disaster declaration and emergency funding request cable, and this is expected to be sent on September 19. Post will continue to provide daily updates based upon CDC sitreps and the results of the daily Ebola Coordinating Committee meetings. The Public Diplomacy section is preparing to coordinate with the CDC communications expert to provide public information on USG activities.

Brock